

## Treating Complex Trauma in Adolescents: ITCT-A

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NCTSN The National Child Traumatic Stress Network

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### Trauma exposure: “Simple” versus “complex”

- Onset
- Relationality
- Frequency and duration
- Number of different trauma types
- Revictimization
- Symptom interaction: Child x adult

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### Complex posttraumatic outcomes

- Anxiety, depression, anger
- Posttraumatic stress
- Affect dysregulation
- Negative relational and self schema
- Avoidance responses
  - Dissociation
  - Tension reduction behaviors
    - Self-injurious behavior, sex, bulimia, aggression, suicidality
  - Substance abuse
  - Suicidality

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## Integrative Treatment of Complex Trauma for Adolescents (ITCT-A)

- Manual at [attc.usc.edu](http://attc.usc.edu) (USB drives available here)
- Assessment-based: The ATF-A
- Focus beyond posttraumatic stress
  - Relational, affect dysregulation, problematic avoidance
- Centrality of the therapeutic relationship
- Safety within therapy and environment
- Customization
- Nonjudgmental/authoritarian therapist behaviors
- Advocacy and system intervention

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## Integrative Treatment of Complex Trauma for Adolescents (ITCT-A)

- Common adaptations
  - Culture/ethnicity
  - Deprived environments
  - Age
  - Language (where possible)
  - Affect regulation capacity
  - Available time with client

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## Applying ITCT-A treatment components

- Relationship Building and Support
  - Attachment, acceptance, compassion
- Acute safety issues
  - Environmental, self-endangering, survival behaviors
    - Interventions: Place to stay, suicidality, safer-sex, substance abuse, prostitution, gangs, child protection
- Psychoeducation
  - Trauma prevalence, perpetrator dynamics
  - Cultural myths
  - Normalization of traumatization, effects
  - Resources

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## Applying ITCT-A treatment components

- **Distress reduction and affect regulation training**
  - Relaxation, breath training, visualization
  - Emotion identification and discrimination
  - Mindfulness
    - Meta-cognitive awareness: Just Thoughts, Not Facts
    - Urge/emotion surfing
- **Trigger Identification and Intervention**
  - The “Trigger Grid”
  - Identify triggers and triggered states
  - Learn coping strategies (self-talk, including meta-cognitive statements, problem-solving)
  - Additions and revisions over time

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## Applying ITCT-A treatment components

- **Titration exposure**
  - Multiple sources versus systematized
  - Resistance/avoidance as self-titration
  - Permission to control exposure process
  - The therapeutic window
  - Intensity control
- **Relational processing as exposure therapy**
  - Exposure to archaic relational schema
  - Activation of abuse/neglect-era emotions
  - Disparity between memory and treatment environment
  - Extinction/reconsolidation/“updating”

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## Questions often asked about ITCT-A caretaker/systemic interventions

- When should caretakers/families be involved in therapy with the adolescent client?
- What are the steps to take if caretakers need to be involved in treatment?
- How do you decide which modalities will be most helpful? Caretaker group, individual therapy for caretaker, family therapy, specialized services (SUA, DV)?

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## Attachment Histories Styles

Developmental Stage	Secure	Avoidant	Resistant or Ambivalent	Disorganized/disoriented
Infancy/toddlerhood-preschool-school age	Secure-optimal	Defended-disengaged	Dependent-deprived	Controlling-confused
Adolescence-adulthood	Secure-Autonomous	Dismissing	Preoccupied Entangled-Enmeshed	Unresolved loss Trauma-disorganized
Parenting style	Secure base	Dismissive-avoidant Rejecting	Preoccupied-ambivalent Uncertain	Disorganized Helpless

(Cassidy & Shaver, 2008; Lanktree & Briere, 2016)

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## Possible Interview Question Topics (PIQT-A-II)

- Questions to ask client for ATF-A caretaker support issues
  - Does client feel like parent(s) or family members are "are on your side?"
  - Does client feel parent(s) take good care of client?
  - Is there someone in client's family whom client can talk to?
  - Are parent(s)/family supportive of client being in therapy?
  - Does he/she feel loved by parent(s) or family members?

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## Interventions with Caretakers

- Goals of interventions
  - Increase caretaker understanding of trauma and trauma responses, explore their own traumas and impacts
  - Emotional support
  - Increase caretakers' parenting skills
  - Facilitate improved communication and support of adolescent/young adult client
  - Factors to consider
    - Caretaker antipathy, abusiveness, noninterest
    - Youth expresses wish for no contact with family/caretaker
    - Youth emancipation or homelessness

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### ITCT-A Interventions with Caretakers

- Collateral sessions focus on support, education, parenting skills
  - May parallel ITCT-A interventions for adolescent client: affect regulation and distress reduction, relational processing, trigger identification
- Trauma processing and processing of caretaker's reactions/triggers can benefit adolescent
- Caretaker groups: Parenting skills group; 12-session support and trauma processing module
- Caretaker individual therapy

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### ITCT-A Family Therapy Guidelines

- Indicated when family dynamics have negative impact on adolescent and/or it is possible to increase support and enhance functioning
- Can include extended family, foster parents
- Useful when there are reunification issues
- Follows individual and collateral therapy but can continue concurrently
- Cultural beliefs, values; experiences of racism and discrimination discussed
- Multiple therapists may be involved—prep and debriefing with all therapists when possible

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### Teletherapy Interventions and Considerations with Caretakers and Family Members (Briere et al.,2020)

- Assess stressors—financial, health, isolation
- Advocacy and safety interventions prioritized
- Triggering arising from more contact
- Can involve participants in group and family sessions at different locations
- Ensure participants are interacting with each other
- Review treatment guidelines: Confidentiality, goals of sessions, importance of listening to and respecting each other

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## Goals of Family Teletherapy

- Improve communication of feelings and experiences including those related to “lock down”
- Increase support and empathic attunement
- Reinforce appropriate boundaries and safety
- Ensure expectations are developmentally appropriate
- Process acute traumas when possible
- Increase trigger management and affect regulation skills

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## ITCT-A Family Therapy Interventions

- Time line
- Genogram
- Family drawings
- Role playing
- Sessions address:
  - assessment and planning
  - effective communication
  - roles and boundaries
  - exploration of trauma exposures
  - enhancing attachment relationships and support

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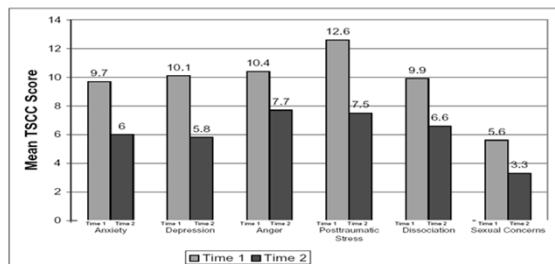
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**Pre-Post Data for ITCT (A and C)**  
Average of >40% improvement across symptoms  
No control group  
N = 151



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## ITCT-A references

Briere, J., Lanktree, C., & Escott, A. (2020). *Trauma teletherapy for youth in the era of the COVID-19 pandemic: Adapting evidence-based treatment approaches*. Los Angeles, CA: USC Adolescent Trauma Treatment Training Center (available at [attc.usc.edu](http://attc.usc.edu))

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Lanktree, C.B., Briere, J., Godbout, N., Hodges, M., Chen, K., Trimm, L., Adams, B., Maida, C.A., & Freed, W. (2012). Treating multi-traumatized, socially-marginalized children: Results of a naturalistic treatment outcome study. *Journal of Aggression, Maltreatment & Trauma, 21*, 813–828.

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